

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

14750

FILED MAY 7 1953

| | | | | | | | |
|--|-------------------------------|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>155</u> | | PRIMARY REG. DIST. NO. <u>3127</u> | | Registrar's No. <u>52</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1335 West 6th Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>JOHN</u> | | b. (Middle) <u>A.</u> | | c. (Last) <u>HARE</u> | |
| 4. DATE OF DEATH | | (Month) <u>April</u> | | (Day) <u>24</u> | | (Year) <u>1953</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>March 7, 1880</u> | | 9. AGE (In years last birthday) <u>73</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Millman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Eli Hare</u> | | 13b. MOTHER'S MAIDEN NAME <u>Katie Stanley</u> | | 14. NAME OF HUSBAND OR WIFE <u>Hettie Hare</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hettie Hare</u> ADDRESS <u>Webb City, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 Days</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>4-19-53</u> , to <u>4-24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-24</u> , 19 <u>53</u> , and that death occurred at <u>8:20p</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W. W. Fisher</u> (Degree or title) <u>D.O.</u> | | 23b. ADDRESS <u>106 So. Main St. Webb City, Mo.</u> | | 23c. DATE SIGNED <u>4-25-53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-27-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>4-27-53</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u> | | ADDRESS <u>Webb City, Missouri</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-6-53
Jasper County Health Office

County File Number 53-5-393

Date Filed 5-6-53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richard Gray Lewis

Licensed Embalmer No. *4495*

P. O. Address *Webb City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.